



*"Service with Excellence"*

## Arkansas Department of Community Correction

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### ADMINISTRATIVE DIRECTIVE: 10-02 COMMUNITY TRANSITION PROGRAM

**TO: DEPARTMENT OF COMMUNITY CORRECTION (DCC) EMPLOYEES**

**FROM: G. DAVID GUNTARP, DIRECTOR**

**SUPERSEDES: AD 02-02**

**PAGE 1**

**APPROVED: Signature on File**

**EFFECTIVE: February 26, 2010**

**I. APPLICABILITY.** This policy applies to staffs who work in community reintegration efforts with Community Correction Center (CCC) residents, and residents.

**II. POLICY.** It is DCC policy to help integrate offenders into the community by administering a community transition program that provides information, experiences, and opportunities for residents to begin to successfully join or rejoin the community to which they will ultimately be released. Emphasis is placed on good work skills and habits, improving opportunities for future employment, assuming responsibility for debts (including court ordered sanctions such as restitution and the provision of financial support to his or her family), strengthening appropriate relationships with relatives and friends, continuing treatment for addictions, and becoming acquainted with the community supervision staff and operations. (4-ACRS-5A-13)

### **III. DEFINITIONS.**

**A. Community-Based Transitional Activities.** Activities occurring away from the CCC that prepare a resident for a productive crime-free life after final release from the CCC.

**B. Community Transition Furlough.** A temporary, supervised community visit for up to 48 hours to allow a resident to perform certain approved transitional activities in the community.

### **IV. GUIDANCE.**

**A. Eligibility** A resident judicially transferred to the CCC is eligible to participate in community-based community transition activities provided he or she meets the following criteria and conditions:

1. Criteria.
  - a. Resident is within 90 days of CCC release to the community.
  - b. Resident successfully completed at least six (6) months of the Modified Therapeutic Community (MTC) program and has advanced through more responsible jobs in the MTC. (Regressions from which the resident has worked back into a position of responsibility will not disqualify the resident.)
  - c. Resident must NOT have an active victim notification requirement.
  - d. Resident had no convictions for cardinal rule violations within sixty days before submission of the community transition plan.
  - e. Resident must be eligible for a furlough in accordance with the Furlough Program AD.
  - f. Resident can provide an approved sponsor to supervise the activity(ies), provide transportation to and from the CCC and, unless returning the same day, lodging.
2. Conditions. Resident agrees to abide by the conditions established in the Certificate of Furlough.

**B. Transitional Activities.** As a part of the services and programs provided to meet resident's needs (see Residential Facilities policy) Center Supervisors are responsible for planning and implementing transitional activities that are responsive to the needs of the resident population. Transitional activities should be offered within three months of the resident's planned release date. (4-ACRS-5A-20)

1. Center Supervisors will provide for informational, training, and skill-building programs addressing, at minimum, the following employment-related topics:
  - a. Job acquisition, retention, and appropriate behavior on the job
  - b. Vocational placement, assessment, or job locator services
  - c. Everyday living skills
2. For an employable resident who has no job, staff whom the Center Supervisor designates will coordinate with the State Employment Security Department or other appropriate agencies to identify jobs available in the area to which he or she will be released and make this information available to the resident.
3. Information and skill-building programs designed to aid other aspects of successful community reintegration such as the topics listed below may also be provided.
  - a. Social Security, Veterans, and other benefits application and assistance
  - b. Banking and financial management
  - c. Community-based substance abuse treatment and support resources
  - d. Legal issues
  - e. Housing assistance
  - f. Orientation to community supervision services and programs

**C. Community-Based Transitional Activities.** Eligible residents may be granted up to two community transition furloughs per month for the purpose of attending scheduled and approved transitional activities. On one of these furloughs, residents approved for community-based activities must visit the Probation and Parole Office and meet with the officer to whom he or she will be reporting after release or a designee if an officer has not yet been assigned. All arrangements are the resident's responsibility and will be made with the knowledge and assistance of designated Center staff. Residents will secure specific meeting or interview times unless appointments times are not given. If necessary to accomplish a resident's community transition goal, one or more of the activities listed below (or similar activities) may be included in a resident's community transition plan. Residents may attend vocational/educational classes only when the school has entered into an agreement with the DCC for such classes. (4-ACRS-5A-16)

1. Employment.
  - a. Employment applications assistance, job location assistance, testing for job skills or aptitude
  - b. Job interviews
  - c. Employment-related medical exams
  - d. Driver's license testing or application for identification card
2. Education Preparation.
  - a. Apply for grants, stipends, scholarship, loans
  - b. Register for classes and purchase books and other materials
  - c. Apply for admission to an educational/vocational program
  - d. Talk to an educational counselor
3. Vocational/Educational Classes by special agreement.
4. Personal Responsibility. Appointments with agencies such as the following are appropriate when they serve reintegration purposes:
  - a. Employment Security Division Offices
  - b. Internal Revenue Service
  - c. Child Support Enforcement
  - d. Social Security Office (supplemental income/other support programs)
  - e. Housing assistance agency
  - f. Veterans Administration
  - g. Other public or private human services agencies providing support or services (e.g., employment assistance, food stamps, Medicaid, WIC, case management, referrals for treatment/support such as alcohol and drug abuse, mental health or family services)
5. Maintaining Family/Community Ties.
  - a. Visit with family
  - b. Attend a significant family event with prior approval of the Primary Counselor and Treatment Coordinator

**V. PROCEDURES.** The Center Supervisor will develop additional guidance, as needed, that assigns responsibility to specific staff positions to implement this directive. The Resource Development Specialist will coordinate, evaluate, and oversee the community transition program including quality control checks on processes whereby the residents are deemed eligible for the program.

**A. Authorization of Community Transition Activities and Recruitment of a Sponsor.**

1. Center-based community transition activities must be consistent with one or more of the resident's Master Treatment Plan goals and engaged in with the consent of the resident's counselor.
2. To participate in community-based transitional activities, the resident must, with the assistance and approval of his or her counselor, develop a community transition plan (AD 10-02 Form 1) that addresses the following:
  - a. Reintegration goal(s) for which transitional activity is sought, such as maintaining family ties, maintaining sobriety, securing employment, or meeting financial obligations.
  - b. Specific activities such as those listed in Section IV.C of this directive that cannot be accomplished at the CCC or would be better done in the community.
  - c. Planned dates or time frames for accomplishing activities.
3. To participate in community-based activities, the resident must have his or her potential sponsor complete the Sponsor Investigation Form 2 and return the form to the resident.

**B. Processing of Community Transition Plan and Sponsor Request.** The Community Transition Plan and the Sponsor Request will be processed concurrently.

1. Identification of a Registered Victim. When the resident requests his or her counselor's assistance with a Community Transition Plan, the counselor will notify the Institutional Release Officer (IRO) of the request. The IRO will determine whether a victim has registered to be notified in advance of changes in the resident's incarceration status and notify the counselor of the finding. If the resident has an active requirement for victim notification, the community transition furlough must be denied.
2. Time frame for Participating in Community Transition Activities and Procedures for Submitting Requests.
  - a. A resident may begin participating in community transition activities no earlier than 90 days before his or her expected release date. The resident must request approval to participate in the program through his or her counselor:
  - b. The Community Transition Plan must be submitted to the Resident Management Team (RMT) no earlier than four months before expected release and no later than 30 days before activities are planned to begin.

- c. The signed Sponsor Investigation must be submitted to the staff designated to conduct investigations no later than 30 days before off-site activities are planned to begin.
3. Investigation and Approval of a Sponsor. Within four working days of receiving a request for approval of a sponsor, designated staff will conduct an ACIC/NCIC check on the sponsor and further investigate suitability by making appropriate collateral contacts in the community and applying the eligibility criteria for furlough sponsors in the AD on Furlough Program. After completion of the investigation the Center Supervisor must approve or disapprove the sponsor's selection.
4. RMT Decision. The RMT will review the reasonableness and appropriateness of the plan, approve it in whole or in part, or disapprove it. If all or part of a plan is disapproved, the RMT will return it to the counselor with reason(s) and recommendations for revision, if appropriate. The counselor will review it with the resident and assist with revisions, as appropriate. The RMT will forward approved plans to the IRO.
5. Notification of Local Law Enforcement. Upon approval of a Community Transition Plan, the IRO or designee will notify by phone or fax the sheriff of the county and, if applicable, the chief of police of the city to which the resident is being furloughed. The notice will include the resident's name, pre-incarceration address, and the proposed sponsor's name and address. The IRO or designee will inform local law enforcement officials that a resident has requested permission to participate in off-site activities, solicit and document their recommendations or comments on the Notification of Local Law Enforcement, AD 10-02 Form 3, and return it to the Center Supervisor.
6. Final Action. The Center Supervisor has the final authority to approve Community Transition Plans. In doing so he or she will consider the merits of the resident's plan and all recommendations and comments. The Center Supervisor will take one of the following actions: approve, approve with contingencies, deny, or deny with stipulations for reconsideration of the plan. He or she will return the plan to the Treatment Coordinator or designee who will, in turn, inform the resident. If the plan is denied with stipulations for reconsideration, the resident may resubmit a modified plan.

**C. Furlough Required for Community-Based Activities.** The resident must apply for a furlough according to the guidance and procedures of the AD on DCC Furlough Program. The resident will be subject to the furlough's terms and conditions.

## **VI. ATTACHMENTS.**

AD 10-02 Form 1 Community Transition Plan  
AD 10-02 Form 2 Sponsor Investigation  
AD 10-02 Form 3 Notification of Local Law Enforcement

**Arkansas Department of Community Correction**  
**COMMUNITY TRANSITION PLAN**

Resident Name (Print) \_\_\_\_\_

Resident Number \_\_\_\_\_

1. Please state your reintegration goals, for which transitional activity is sought, such as maintaining family ties, maintaining sobriety, securing employment, or meeting financial obligations.  
\_\_\_\_\_
2. Specific activities accomplished or to be accomplished in-house, such as written inquiries or attending a pre-release seminar.  
\_\_\_\_\_
3. Specific activities that cannot or should not be accomplished from the Community Correction Center, such as personal interviews; indicate planned dates or timeframe for accomplishing activities.  
\_\_\_\_\_

Community transition furlough to begin on \_\_\_\_\_  
Date

Expected Release on \_\_\_\_\_  
Date

Resident's Signature \_\_\_\_\_

Center/Location \_\_\_\_\_

Date \_\_\_\_\_

The activities indicated above appear to be reasonable and necessary, and within the capability of the resident to accomplish in the time available.

Counselor's Signature \_\_\_\_\_

☐

Approved

☐

Disapproved

Date \_\_\_\_\_

The Resident Management Team has reviewed the above plan and considers the resident to be deserving of the opportunities represented by the activities of the plan.

Resident Management Team Chair's Signature \_\_\_\_\_

☐

Approved

☐

Disapproved

Date \_\_\_\_\_

AD 10-02 Form 1

**Arkansas Department of Community Correction**  
**SPONSOR INVESTIGATION**

Resident's Name (Print)	Resident's Number	Date
Community Correction Center Name	Address	City    State    Zip
<b>Community Correction Center Supervisor's Phone Number:</b> (    )		

- ☐ **Instructions to Resident:** Enter your name and address on this form and send it to your potential Sponsor.
- ☐ **When Sponsor returns form to you:** forward form to **Staff Investigator** indicated below.

- ☐ **Instructions to Sponsor:** If you agree to sponsor the Resident as stated herein, enter the information requested, sign, and return this form **within 5 days** to the Resident at the address indicated above.

Sponsor's Name (Print)	Sponsor's Phone Number	
Sponsor's Address	Apt. No.	City    State    Zip
Sponsor's Social Security Number	Sponsor's Drivers License Number	Sponsor's Date of Birth

At the request of the above-named Resident of the Arkansas Department of Community Correction, I agree to serve as Sponsor for his/her furlough for the period indicated on his/her Community Transition Plan. By signing this form, I hereby authorize the DCC to conduct an investigation into my background, and in so doing, they may contact any person, law enforcement agency, or others as it desires. I authorize the release to DCC of any information regarding criminal convictions that may exist on my record. As Sponsor, I shall make every effort to ensure that the Resident abides by the conditions of his/her furlough, and returns to the Center at or before the date and time specified. If I am uncertain of the location of the furloughed Resident, I will **immediately notify the Center Supervisor at the telephone number indicated above.** I also understand that by agreeing to be the Sponsor, I also accept the responsibility to supervise the Resident, provide transportation to and from the Center, and provide lodging, unless the Resident is to return to the Center by 6:00 p.m. on the same day released.

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ **Staff Investigator:** \_\_\_\_\_ will conduct an investigation of these statements.

**FOR CENTER USE ONLY**

**I have investigated the above potential sponsor**    ☐ no disqualifying information, **OR**  
**for suitability and have found**    ☐ the following information to be considered:


<b>STAFF INVESTIGATOR'S SIGNATURE</b>	<b>DATE</b>
<b>After considering the above information, I hereby</b> <input type="checkbox"/> <b>APPROVE</b> <input type="checkbox"/> <b>DISAPPROVE</b> <b>the selection of this sponsor.</b>	

<b>CENTER SUPERVISOR'S SIGNATURE</b>	<b>DATE</b>
AD 10-02 Form 2	

**Arkansas Department of Community Correction  
COMMUNITY TRANSITION**

**NOTIFICATION OF LOCAL LAW ENFORCEMENT**

**NOTE:** Local law enforcement in the county to which the Resident is being granted an overnight furlough will be notified 48 hours before the Resident is scheduled to begin the furlough. The following information will be included in the notification: Resident's name, pre-incarceration address, Sponsor's name, address and phone number, the location where the Resident will be staying overnight. If the local law enforcement authority wishes to object or to place conditions on the furlough, the CCC Supervisor will review any such concerns and approve or disapprove any changes in planned activities.

\_\_\_\_\_  
Resident's Name

\_\_\_\_\_  
Resident's Number

\_\_\_\_\_  
Resident's Pre-Incarceration Address

\_\_\_\_\_  
Sponsor's Name

\_\_\_\_\_  
Sponsor's Address (Where Resident will stay during furlough)

\_\_\_\_\_  
Sponsor's Telephone Number

\_\_\_\_\_  
City State Zip

Furlough will be: from \_\_\_\_\_ ☐ AM ☐ PM on \_\_\_\_\_  
Month/Day/Year  
until \_\_\_\_\_ ☐ AM ☐ PM on \_\_\_\_\_  
Month/Day/Year

Between the hours of 10:00 pm and 6:00 am, the Resident will be on curfew and is required to physically be at the furlough location indicated above.

**The following law enforcement agency was notified by me of the furlough information indicated above:**

\_\_\_\_\_  
Name of Law Enforcement Agency

\_\_\_\_\_  
Person Notified

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name of DCC Employee Making Notice (Print)

\_\_\_\_\_  
Signature of DCC Employee Making Notice

\_\_\_\_\_  
Date

**COMMENTS/REQUESTED CONDITIONS OF LOCAL LAW ENFORCEMENT AGENCY:**

**CENTER SUPERVISOR'S REVIEW  
OF CONCERNS/COMMENTS/CONDITIONS**

I hereby ☐ APPROVE ☐ DISAPPROVE the above requested conditions with the following qualifications:

\_\_\_\_\_  
CENTER SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE